65			Exempt Ore	anization Bus	siness	Inco	me T	ax	Retur	n	L	OMB No 1545-068	87
Form	990-T			d proxy tax und						00			
rī.		For cale	-	her tax year beginning			-			19 .		2018	į
Departm	ent of the Treasury	1 01 0010		rs.gov/Form990T for it									
•	Revenue Service	▶ Do i		ers on this form as it ma						1(c)(3).	501	en to Public Inspecti (c)(3) Organizations	on for s Only
A Z	Check box if address changed		Name of organization	n (Check box if nam	e changed	and see ii	nstructions	5)				r identification nur	
	pt under section	† "	Mennonite Econo	mic Development Ass	sociates					(Emp	Employees' trust, see instructions)		
	01(c 0 3)	Print	Number, street, and	I room or suite no If a P O	box, see ii	nstruction	S				23-7398678		
□ 40	08(e) 220(e)	Type	33 N Market Stree	et, Suite 400								I business activity of fuctions)	code
□ 40	08A 🔲 530(a)	"		or province, country, and Z	IP or foreig	n postal c	ode			(366	mşu	uctions)	
52		<u> </u>	Lancaster, PA, U							_		N/A	
C Book at en	yalue of all assets d of year			umber (See instructi					. –	7 4047		N/A	T
	N/A			type ►				c) tru] 401(a			
			_	elated trades or busi								(or first) unrelate	
				rtation fringe benefits		-							
		•	at the end of the omplete Parts III-	previous sentence,	complete	Parts	i and ii,	com	piete a s	cnedui	e IVI	for each addit	lionai
					Group or	a naran	t aubaidi	an. 00	ntrolled e	roup?		▶ ☐ Yes 🔽	l No
				bsidiary in an affiliated umber of the parent of			t-SubSidi:	ary co	ilitrolled g	iroup, .	•	les M] 140
				on, Chief Financial Of		JII. P	Tole	nhor	ne numbe	or D		800-665-7026	
			e or Business		licei	- u	A) Income	prior		xpenses		(C) Net	
1a	Gross receipts					<u> </u>	,		` '	2000年12月2			
b	Less returns and			c Balance	▶ 1c								1
2				<u> </u>	-					25.30	· esta		
3	-			,							TO S	NAMES AND ASSESSED.	281.4.310
4a				ule D)		-			\$ 7.7	. <u> </u>	74		
b			•	17) (attach Form 479)		†					18.		
C	Capital loss de	•			· —				1000	76.55	- T		
5	•			poration (attach statem						7 3 3	-125		
6	Rent income (•		1.042.445		, w mon		
7				edule E)									
8				rolled organization (Schedu									
9		-		(17) organization (Schedul									
10				edule I)									
11	Advertising in	come (S	Schedule J)		. 11								
12	Other income (See inst	ructions; attach s	chedule) .	12		2,254	50		#POST G	· ************************************	2,254	50
13	Total. Combin				. 13		2,254			0	00		50
Part	Deduction	ns Not	Taken Elsewho	ere (See instruction:	s for limi	tations	on ded	ncfio	ns.) (Exc	ept for	cor	ntributions,	
	deduction	ns must	be directly coni	nected with the unre	etated-bu	isiness	lincome	37				 	
14	•			nd trustees (Schedul	e ki)			löŀ		_	14		<u> </u>
15	Salaries and v	•		1	·	2 2	5019	/:b/		_	15		<u> </u>
16	•		ance	\io	1.00	. =		:" Œ	<i> </i> · · ·	—	16		
17	Bad debts			nons)	ر کار		1111		/ · ·	⊢	17		
18	Interest (attac	n sched	iule) (see instruct	ions)	· Lind	;DE	N. O.	***************************************		-	18		
19	Charachta and	enses.				-				_	19		
20	Charitable cor	ntributio	ons (See Instructions 4560)	ons for limitation rule	8)			• •			20		
21							21				226		
22				le A and elsewhere o			22a				22b		
23 24	•								• • •	-	23 24	 	
24 25			•	on plans							24 25	 	
25 26		· ·	~							<u> </u>	25 26	 	 -
2 0 27	•		ists (Schedule J)							—	<u>20</u> 27		<u> </u>
28		-	ach schedule)	1	S. Oak		-				28	<u>'</u>	
29		-	dd lines 14 throug					•		<u> </u>	<u>20</u> 29	0	00
30				fore net operating los) —	30	2,254	
31				n tax years beginning							31		30
32			-	ubtract line 31 from I			-				32	2,254	
	Jin Glated Dus	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AA .					· · ·	· · · ·	<u>·</u> —		2,234 50m 990-T	

			The second secon					- J -
Part	II T	otal Unrelated Business Taxable	e Income					
33	Total o	funrelated business taxable income	computed from all unrelated trade	es or businesses (se	ee			•
	instruct	ions)				33	2,254	50
34	Amoun	ts paid for disallowed fringes			l	34		
35		ion for net operating loss arising						-
		ions)				35		
36		unrelated business taxable income				 		
-		33 and 34				100		
						36	2,254	50
37		deduction (Generally \$1,000, but se				37	1,000	00
38	Unrela	ted business taxable income. Subt	ract line 37 from line 36. If line 37 i	s greater than line 3	ь,	1		
		e smaller of zero or line 36		<u> </u>	i	38	1,254	50
Part		ax Computation						
39		zations Taxable as Corporations. N			>	39	263	45
40		Taxable at Trust Rates. See			on	建建		
	the am	ount on line 38 from: 🔲 Tax rate sch	edule or 🔲 Schedule D (Form 104	l1) I	▶	40		
41	Proxy f	ax. See instructions		1	▶ Ì	41		
42		tive minimum tax (trusts only)			Ì	42		
43		Noncompliant Facility Income. See				43		
44		Add lines 41, 42, and 43 to line 39 or				44	263	45
		ax and Payments	10, Williams tel applies				203	
45a		tax credit (corporations attach Form 11	19: truste attach Form 1116)	45a	_	CHARLES TO SERVICE STREET		
b	-	redits (see instructions)		45b				
					<u> </u>			
C		business credit. Attach Form 3800 (•	45c				
d		or prior year minimum tax (attach Fo		45d				
е		redits. Add lines 45a through 45d				45e	0	00
46			<u>.</u> <u>.</u> <u></u> .			46	263	45
47		kes Check if from 🔲 Form 4255 🔲 Forn				47	0	00
48		ax. Add lines 46 and 47 (see instruction				48	263	45
49	2018 ne	et 965 tax liability paid from Form 965	5-A or Form 965-B, Part II, column	(k), line 2		49	0	00
50a	Paymei	nts: A 2017 overpayment credited to	2018	50a				
b	2018 es	stimated tax payments		50b				
С		posited with Form 8868		50c				
d		organizations. Tax paid or withheld		50d				
e	_	withholding (see instructions)		50e	\neg			
f		or small employer health insurance p		50f				
	Other o	redits, adjustments, and payments.	Form 2439					
g	Form		er Total	50g	l			
E4						2434		
51 50		ayments. Add lines 50a through 50g			}	51	0	00
52		ed tax penalty (see instructions). Che			╵┤	52	0	00
53		e. If line 51 is less than the total of lin			•	53	263	45
54	•	yment. If line 51 is larger than the to		'	▶	54		
55		amount of line 54 you want		Refunded	<u> </u>	55		
Part \	V∐ Si	atements Regarding Certain A	ctivities and Other Information	n (see instructions)				
56	At any	ime during the 2018 calendar year, o	did the organization have an interes	st in or a signature o	r oth	her authori	ty Yes	No
	over a f	inancial account (bank, securities, oi	other) in a foreign country? If "Ye	s," the organization	may	y have to fi	le	38
	FinCEN	Form 114, Report of Foreign Bank a	and Financial Accounts. If "Yes," e	nter the name of the	for	eign counti	ry 💹	
	here ▶							
57	During ti	ne tax year, did the organization receive a	a distribution from, or was it the granto	r of, or transferor to, a	fore	ign trust? .		
		' see instructions for other forms the		,		3		
58		e amount of tax-exempt interest rec	-	ar ▶ \$				
	Under	penalties of perjury, I declare that I have examined	this return, including accompanying schedules	and statements, and to the	e besi	t of my knowle	dge and beli	ef, it is
Sign	true, co	prect, and complete Declaration of preparer (other	than taxpayer) is based on all information of white	ch preparer has any knowle	dge	-		
_		Mr. 11 Mars	Chief Financi	-1.055		May the IRS of with the prep		
Here		re of officer	Date Title Chief Financi	ai Officer		(see instruction		
	Joignatt	re of officer		Te :			DT"	
Paid		Print/Type preparer's name	Preparer's signature	Date		eck 🔲 if	PTIN	
Prepa	arer				self	-employed		
Use (Firm's name ▶	 		Firm	n's EIN ►		
U36 (-···y	Firm's address >			Pho	ne no		

Scho	dule A-Cost of Goods So	Jd Fr	ter method of u	nvent	20/ VS	luation N				<u> </u>
				IVEII	6		at end of year	6		<u> </u>
1 ` <u>'</u> 2	Inventory at beginning of year Purchases		2	┼─	7		goods sold. Subtract	983.60		
3			3	+	'		line 5. Enter here and			•
ა 4a	Cost of labor	<u> </u>	3		1		ne 2	7		
40	(attach schedule)		4.		8	•	les of section 263A (wi		Yes	No
L		<u> </u>	4a	 	•		roduced or acquired for			
	Other costs (attach schedule)	_	4b 5	+	ł	to the orga	inization?	resale) apply		
Sobo	Total. Add lines 1 through 4b dule C—Rent Income (Fro			1 Dor	conal					<u> </u>
	instructions)	III NE	ai Property and	J Per	Sullai	Property	Leaseu Willi Neal Fil	perty)		
	ription of property		<u>.</u>							
	ription of property					·				
(1)										
(2)										
(3)										
(4)	3 Po	nt rocou	ed or accrued				1			
	<u> </u>					_	9(1) 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	om personal property (if the percentage personal property is more than 10% but more than 50%)		(b) From real a percentage of rent 50% or if the rent	for pers	onal pro	perty exceeds	3(a) Deductions directly in columns 2(a) and			1 e
(1)										
(2)										
(3)										
(4)							-			
Total			Total							
	Add Askels of a large	0/->					(b) Total deductions.	•		
	al income. Add totals of columns nd on page 1, Part I, line 6, column		, ,				Enter here and on page Part I, line 6, column (B)	•		
	dule E—Unrelated Debt-F			ınstru	ctions	3	1 art i, line o, column (D)	,		
			50 5			•	3. Deductions directly co		ocable to	0
	1. Description of debt-finance	ced prop	erty			come from or debt-financed		ced property		
					pro	perty	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sc		ıs
(1)								 	·	
(2)								 		
(3)								1		
(4)			- · · · · ·					†		
a	acquisition debt on or	of or debt-fin	e adjusted basis allocable to anced property th schedule)		4 di	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × tota 3(a) and	al of colu	
(1)						%				
(2)						%				
(3)	-					%				
(4)						%		1		
	1			,			Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,		
Totals						•		1		
	lividends-received deductions in	cluded	ın column 8					-		

. .

Sche	edule F—Interest, Ann	uities	s, Royalties,				j anizations (se	e instruc	tions)	
				Exemp	t Controlled	d Organizations				
	Name of controlled organization		2. Employer tification number		related income e instructions)		5. Part of column included in the corganization's grounds.	controlling	conne	eductions directly ected with income in column 5
(1)					_		_			-
(2)				_			_			
(3)										-
(4)					_				 	_
	xempt Controlled Organi	zation	ıs			<u> </u>	"		_	
					1		10. Part of colun	nn Q that is	11 0	eductions directly
/ Lavable income I		B. Net unrelated in (loss) (see instruct			otal of specified syments made	included in the organization's gro	controlling	connected with income in		
(1)										-
(2)										
(3)			·-····································	-		•				
(4)										
			a				Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals	edule G-Investment	Incor	no of a Soot	ion FO1	(0)(7) (0)	or (17) Organi	zation (assume	truotiono	1	
Sche	edule G-Investment	incoi	ne or a Sect	ion 50		. Deductions	· · · · · · · · · · · · · · · · · · ·			otal deductions
	1. Description of income		2. Amount o	f income	dire	ectly connected tach schedule)	4. Set-aside (attach sched		and s	et-asides (col 3 plus col 4)
(1)									<u>-</u> .	
(2)										
(3)										
(4)										
Totals	·	>	Enter here and Part I, line 9, o				integrals intract			re and on page 1, ne 9, column (B)
Sche	edule I - Exploited Exc	empt	Activity Inc	ome, O	ther Than	Advertising In	icome (see inst	tructions)	
	Description of exploited activ	ity	2. Gross unrelated business inco from trade of business	me co	Expenses directly nnected with roduction of unrelated liness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals		1	Enter here and page 1, Part line 10, col (/	I, pa	er here and on age 1, Part I, e 10, col (B)					Enter here and on page 1, Part II, line 26
	edule J—Advertising I	ncor	ne (see instru	ctions)		Kin William E. Calabinor Const				·
Par					a Consoli	idated Rasis	.			
Fai	Income From F	enoc	licais nepoi	teu on	a Conson					7 Evenes readership
	1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)			1 -				_			
										15055
Totals	(carry to Part II, line (5))	1	•							

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			000 0 111009117			
(1)		<u>-</u> .		_		
(3)						
(4)						_
Totals from Part I					14 Table 1	***
T. 1. C. 1. (1)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5)	Officers Dive	tone and Two	A A A A A A A A A A A A A A A A A A A		**************************************	<u> </u>
Schedule K—Compensation of	Officers, Direc	tors, and tru	stees (see instru	3. Percent of	T	
1. Name		2	2. Title	time devoted to		tion attributable to ed business
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1, Part II, I	ne 14			<i>.</i> . >	•	

Form **990-T** (2018)